



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Pesticide & Environmental Programs
P.O. Box 3596
Baton Rouge, Louisiana 70821-3596
(225) 925-3763

REGISTRY OF PESTICIDE HYPERSENSITIVE INDIVIDUALS APPLICATION

PART I - HYPERSENSITIVE INDIVIDUAL

I request my name be placed on the registry of Louisiana resident's hypersensitive to pesticide sprays. I understand this registry list will be provided, at predetermined intervals, to commercial pesticide applicators for the purpose of voluntary notification to hypersensitive individuals of anticipated pesticide applications in the vicinity of their residence.

I hereby authorize Dr. _____ to release to the
Name of Doctor

Louisiana Department of Health and Hospitals, my medical records. I understand that my medical history will be requested only in the event that further epidemiological investigation by the Louisiana Department of Health and Hospitals is indicated. I also understand that I will be notified in advance of the request for medical information and the subsequent study. This consent is subject to written revocation at any time.

PLEASE PRINT OR TYPE INFORMATION

NAME-LAST _____ FIRST _____ MI _____

PRIMARY RESIDENCE-STREET ADDRESS _____

CITY (POST OFFICE) _____ STATE _____ ZIP _____ PARISH _____

() _____ - () _____
TELEPHONE DAY NIGHT

SIGNATURE (Parent or guardian may sign for children.) _____ DATE _____

WITNESS _____ DATE _____

PART II-MEDICAL VERIFICATION

I certify that the above named individual is a patient of mine and has been evaluated as hypersensitive to pesticides and exposure thereto. I recommend his/her name be placed on a state registry of pesticide hypersensitive individuals.

PLEASE PRINT OR TYPE INFORMATION

NAME-LAST _____ FIRST _____ MI _____ M.D. or D.O. _____

OFFICE ADDRESS _____

CITY (POST OFFICE) _____ STATE _____ ZIP _____ PARISH _____

() _____ - () _____
TELEPHONE DAY NIGHT SIGNATURE _____ DATE _____

NOTE: BOTH PARTS OF THIS FORM MUST BE COMPLETED IN ORDER FOR AN INDIVIDUAL'S NAME TO BE PLACED ON THE REGISTRY. THE COMPLETED APPLICATION MUST BE RETURNED TO:

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
P.O. BOX 3596
BATON ROUGE, LA 70821-3596

SHOULD THERE BE ANY QUESTIONS CONCERNING THIS APPLICATION, CONTACT THE DEPARTMENT AT THE PRECEDING ADDRESS OR CALL: TELEPHONE (225) 925-3763